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WHO INFORMATION SERIES ON SCHOOL HEALTH

DOCUMENT SIX

Preventing HIV/AIDS/STI and Related Discrimination: An Important Responsibility of Health-Promoting Schools

UNAIDS

World Health Organization
Geneva, 1999

UNESCO

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PREVENTING HIV/AIDS/STI AND RELATED DISCRIMINATION: AN IMPORTANT RESPONSIBILITY OF HEALTH-PROMOTING SCHOOLS

The development of this document is a joint effort of the Department of Health Promotion, Social Change and Mental Health Cluster and the Initiative on HIV/AIDS and Sexually Transmitted Infections.

This document is published jointly with United Nations Educational, Scientific and Cultural Organization (UNESCO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and Education International (EI), Brussels, Belgium which are working with WHO to promote health through schools worldwide.

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FOREWORD

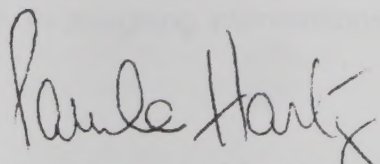
FOREWORD

This document is part of the WHO Information Series on school health promotion prepared for WHO's Global School Health Initiative. Its purpose is to strengthen efforts to help young people learn how to prevent HIV infection, AIDS and Sexual Transmitted Infections (STI). Over 50% of today's new HIV infections are occurring among persons under 25 years of age. In school, young people learn about sexuality, HIV, AIDS and STI *in informal* as well as formal ways. Therefore, we must ensure that our formal sources of learning provide accurate information that can reduce undue fear and prejudice and enable young people to protect themselves, both now and in the future. The HIV pandemic continues into the 21st century because of ignorance and our inability to help each other take better control over the circumstances that can lead to infection. Schools can help overcome both of these barriers.

WHO's Global School Health Initiative is a concerted effort by international organizations to help schools improve the health of students, staff, parents and community members. Education and health agencies are encouraged to use this document to prevent HIV infection, AIDS, STI and related discrimination and to take important steps that can help their schools become "Health-Promoting Schools".

Although definitions will vary, depending on need and circumstance, a "Health-Promoting School" can be characterized as *a school constantly strengthening its capacity as a healthy setting for living, learning and working* (see Health-Promoting Schools box on the following page).

The extent to which each nation's schools become Health-Promoting Schools will play a significant role in determining whether the next generation is educated and healthy. Education and health support and enhance each other. Neither is possible alone.



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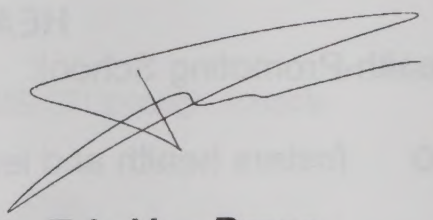

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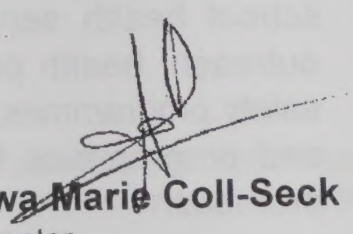

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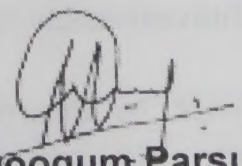

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HEALTH-PROMOTING SCHOOL

A Health-Promoting School:

- fosters health and learning with all the measures at its disposal
- engages health and education officials, teachers, students, parents, and community leaders in efforts to promote health
- strives to provide a healthy environment, school health education, and school health services along with school/community projects and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion
- implements policies, practices and other measures that respect an individual's self-esteem, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements
- strives to improve the health of school personnel, families and community members as well as students; and works with community leaders to help them understand how the community contributes to health and education.

1. INTRODUCTION

This document, part of the WHO Information Series on School Health, is intended to help people use health promotion strategies to improve health and prevent HIV/AIDS/STI and related discrimination. Based on the recommendations of the Ottawa Charter for Health Promotion (Annex 1), it will help individuals and groups move toward a new approach to public health, one that creates on-going conditions conducive to health and healthy lifestyles, as well as reducing prevailing health problems.

While the concepts and strategies introduced in this document apply to all countries, some of the examples may be more relevant to certain countries than others. Cultural variations are closely linked to HIV/STI risks and planners need to consider them carefully in designing interventions.

1.1 *Why did WHO prepare this document?*

The World Health Organization (WHO) has prepared this document to help people care for themselves and others, acquire the ability to make healthy decisions and have control over their lives, and ensure that society creates conditions that allow all its members to attain health.*(1)*

It provides information that will assist individuals and groups to:

- make a strong case for increased efforts to prevent HIV/AIDS/STI through schools
- understand the nature of a Health-Promoting School
- plan and implement HIV/AIDS/STI prevention and health promotion as part of developing a Health-Promoting School.

1.2 *Who should read this document?*

This document is directed towards:

- Governmental policy-makers and decision-makers, programme planners and coordinators at local, district, provincial and national levels, especially those from ministries of health and education.
- Members of nongovernmental organizations, institutions, and other agencies responsible for planning and implementing health and HIV/AIDS/STI interventions, especially programme staff and consultants of national and international health, education and development programmes interested in promoting health through schools.
- Members of the school community, including teachers and their representative organizations, students, staff, parents, volunteers and school-based service workers.
- Community leaders, health care providers, social workers, development assistants, media representatives and members of organized groups (e.g. youth groups and women's groups interested in improving health, education and well-being in the school and the community).

1.3 *What are HIV, AIDS and STI?*

The term "HIV" stands for the Human Immunodeficiency Virus. This virus destroys the body's immune system so severely that it cannot fight certain diseases. While an HIV-infected person can live for many years without major health problems, the virus' destructive effects will eventually result in Acquired Immune Deficiency Syndrome, or "AIDS".

People with AIDS become increasingly vulnerable to diseases and ultimately die from diseases that their immune systems and medicines cannot fight. Research is showing that early treatment with a combination of medicines can delay the development of AIDS in people infected with HIV.

Sexually Transmitted Infections, or "STI", is a general term for infectious diseases that are spread through sexual contact. HIV/AIDS can be regarded as an STI. Other major STI are syphilis, gonorrhoea and chlamydia.

The highest rates of STI are usually found in the 20-24 age group, followed by the 15-19 age group.*(2)*

1.4 *Why prevent HIV infections, STI and related discrimination?*

Today, HIV infection is one of the major causes of disease and death among persons aged 25-44. It has already taken millions of lives and caused enormous personal, social and economic losses throughout the world. Education about HIV can help to prevent new HIV infections and reduce suffering and economic loss.

Ignorance and lack of information about HIV/AIDS fuels a great deal of prejudice, causing individuals to fear contact with people who may be infected with HIV or who have AIDS. Since health is a fundamental human right, society is obliged to help dispel biased attitudes and prejudices that affect society's overall well-being.

1.5 *Why focus on schools?*

The school is a priority setting because it offers substantial opportunities to prevent infection and discrimination:

- Schools provide an efficient and effective way to reach large portions of the population, including young people, school personnel, families and community members.
- Schools can provide interventions that help reduce infections and related discrimination in a variety of ways (learning experiences, linkages to services, supportive environment).
- Schools reach students at influential stages in their lives when lifelong behaviours are formed.
- Schools provide a channel to the community to introduce HIV/AIDS prevention efforts and advocate policies that reduce discrimination.

1.6 *How will this document help people promote health?*

This document is based on the latest scientific research and experience related to HIV/AIDS prevention, but it is more than a technical document. It is designed to help people address the broad range of factors that must be changed to prevent and reduce risk behaviours and conditions that lead to HIV infection, and help schools become Health-Promoting Schools.

This document will help individuals and groups to carry out five major tasks.

Create Healthy Public Policy	This document provides information that can be used to argue for increased local, district and national support for HIV/AIDS/STI prevention interventions in schools. It also provides a basis for justifying policies and decisions to increase such support.
Develop Supportive Environments	This document describes physical, psychological and social enhancements to the school and community environment that can help reduce the spread of HIV infection and related discrimination. It also describes how parents, teachers, community leaders and others can help to support such enhancements.
Reorient Health Services	This document describes how existing health services can be enhanced and made more accessible to complement school health promotion efforts.
Develop Personal Skills	This document identifies information and skills that young people must acquire in order to reduce the risks and avoid conditions that can lead to HIV infection.
Mobilize Community Action	This document identifies actions that the school can take to mobilize community support for HIV/STI prevention. It also provides arguments and facts that can be communicated through the mass media to call attention to the problem of HIV/AIDS/STI and to the important role schools can play in prevention.

1.7 *How should this document be used?*

Section 2 and **Section 3** can be used to argue for HIV/STI prevention interventions in schools. **Section 4** creates a strong basis for local action and for planning interventions relevant to the needs and circumstances of the school and community. **Section 5** provides specific details about how to integrate HIV/AIDS/STI interventions into various elements of a Health-Promoting School. **Section 6** provides information to use in evaluating and improving efforts to prevent HIV/STI and related discrimination.

This document can be used with the WHO document *Local Action: Creating Health-Promoting Schools*, which provides practical guidance, tools and tips from Health-Promoting Schools around the world and can help tailor efforts to the needs of specific communities.

2. CONVINCING OTHERS THAT PREVENTING HIV/STI AND RELATED DISCRIMINATION THROUGH SCHOOLS IS AN URGENT PUBLIC HEALTH ISSUE

The following arguments can be used to convince others of the importance of implementing HIV prevention interventions in schools and the need for increased investment in such efforts.

2.1 Argument: *For better or worse, schools play a significant role in the HIV pandemic*

Schools can contribute to or hinder the prevention of HIV/STI and related discrimination.

For example:

For the better, schools:

- provide education about HIV/AIDS/STI to school staff and community members
- work with communities to determine the most appropriate and effective ways to educate young people about HIV/AIDS/STI
- take part in national and community initiatives to prevent HIV/AIDS/STI
- develop policies about HIV that support the rights of students and staff to learn and work in schools
- develop policies that support the provision of HIV/AIDS/STI education
- provide education to young children to reduce fear about HIV/AIDS
- provide education to pre-adolescents to explain how HIV is and is not spread and how HIV affects families, communities and nations
- provide education to adolescents, before they are faced with sexual decisions, to help them acquire the knowledge, attitudes, values, skills and support needed to avoid HIV/STI
- integrate HIV/STI education into education about reproductive health, life skills, alcohol/substance use and other important health issues
- include HIV/STI education in other relevant subject areas such as home economics, family life, science, social studies and other areas as suggested in official school policies
- enhance education about HIV/AIDS/STI through practices that foster caring, respect, self-efficacy, self-esteem and decision-making; and through conditions that allow for the healthy development of students, teachers and other staff
- provide training to teachers who are responsible for teaching about HIV/AIDS/STI
- engage young people in HIV/AIDS/STI education in the classroom and through peer education and a variety of other learning experiences such as theatre, song and poster design
- teach boys and girls to respect themselves and one another
- foster discussion of HIV/AIDS/STI, sexuality and other important health issues in the community and family.

For the worse, schools:

- are a source of rumour and misinformation about AIDS
- permit individuals who are not adequately informed to address HIV/AIDS/STI with students and staff
- ask or even require teachers to teach about HIV/AIDS/STI without providing proper training or tools

- develop policies that prohibit the attendance of students and staff who are infected with HIV and consequently generate unwarranted fear
- isolate students, teachers and staff whose families are infected or affected by HIV/AIDS
- prohibit discussions about HIV/AIDS/STI lessons, creating suspicion and curiosity
- prohibit teachers from providing sexual information along with education about HIV/AIDS/STI, thereby restricting clear and accurate information about routes of transmission and differences in sexual orientation
- provide only sporadic, fragmented and inadequate opportunities for students to learn about HIV/STI prevention, resulting in many unanswered questions and concerns among students and staff
- exclude young people from being actively involved in developing and implementing learning experiences that could influence their health for the better, including education about sexuality and HIV/STI prevention
- help sustain gender inequality by not teaching young men and women how to interact with one another respectfully
- help sustain biased attitudes among students, teachers and staff by not acknowledging differences in opinions, values and beliefs about sexuality, gender and equity
- remain isolated from national and community HIV/AIDS/STI initiatives even though the issues are highly relevant to young people.

2.2 Argument: *HIV infection is in pandemic proportion*

During 1998, an estimated 5.8 million people became infected with HIV and 2.5 million persons died from AIDS. By the end of 1998, the total number of AIDS deaths since the beginning of the epidemic stood at 13.9 million.*(3)* AIDS and HIV infection are a worldwide pandemic that requires a worldwide response.

2.3 Argument: *HIV/AIDS is affecting millions of young people*

HIV infection is one of the major problems facing school-age children today. They face fear if they are ignorant, discrimination if they or a family member or friend is infected, and suffering and death if they are not able to protect themselves from this preventable disease. Since 1988, the number of children and adolescents infected by HIV has increased sharply, in both urban and rural areas worldwide.

An estimated 33 million people alive today are infected with HIV or have AIDS; at least a third of these are young people aged 15-24. In 1998, more than 3 million children and young people worldwide became infected, including 590,000 children under 15 and over 2.5 million 15-24 year olds. More that 8,500 children and young people became infected with HIV each day – six every minute. In many countries, over 50% of all infections are among 15-24 year olds who will likely develop AIDS in a period ranging from several months to more than 10 years.*(4)*

At present, women and adolescents are the primary groups becoming infected with HIV in Latin America and the Caribbean. In Sub-Saharan Africa, adolescent females are becoming infected in their early teens and peak infection rates occur before age 25. Even young people, neither infected by HIV nor orphaned because of AIDS, are affected by the socio-economic consequences from the epidemic in hard-hit communities and countries. These figures are a cause of great concern to health professionals, educators and community members because ***HIV infection is preventable.***

2.4 Argument: *HIV infection is a chronic disease that affects the physical, psychological and social well-being of individuals who are infected, their peers, families and community members*

Statistical data about HIV/AIDS does not adequately convey the loss experienced by families, communities and nations. Physically, HIV and AIDS are an ordeal for those with the illness. A common cold can turn to pneumonia in a matter of days. Individuals with AIDS are often sick and unable to engage in the day-to-day activities that many of us take for granted.*(5)* Illnesses can come and go over a period of months or even years and differ in severity. Many people with HIV and AIDS suffer from depression because every hour of each day they must live with the knowledge that they are ill, that they will probably grow sicker and that they will die prematurely as a result of HIV infection. In late stages of AIDS, a large percentage of people experience various forms of mental illness similar to senility. Slowly and painfully, AIDS drains their energy and enjoyment of life. This can take many years and have devastating effects on the patients, their families and friends.

In addition to suffering from the consequences of a serious illness, individuals with HIV and AIDS often suffer from isolation and condemnation and are excluded from social interaction with family and friends as well as with the community.*(6)* Patients and their families often lose access to education, their jobs and sometimes health care. Ignorance plays a large part: misconceptions about HIV and sexual orientation often result in hostility and harassment. Family and friends of people with AIDS also endure the pain of isolation, fear and despair.

Nations also suffer. People with AIDS have fewer years of life expectancy, which has severe repercussions in the social and economic sectors.*(7)* Economic losses from AIDS could soon exceed total foreign aid to some seriously affected countries.*(8)* AIDS cripples not only the individual who suffers from the disease but their immediate communities and society at large.

HIV/AIDS clearly affects the education sector and the quality of education provided, particularly in certain regions of the world, such as Africa. Consequences of the AIDS epidemic include a probable decrease in the demand for education, coupled with absenteeism and an increase in the numbers of orphans and school drop-outs, especially among girls. A decrease in education for girls will have serious repercussions on progress made over the past decade towards providing an adequate education for girls and women. Reduced numbers of classes or schools, a shortage of teachers and other personnel, and shrinking resources for educational systems all impair the prospects for education.*(9)*

2.5 Argument: *Schools need to provide HIV education along with education about sexuality, reproductive health, life skills, substance use and other important health education issues*

Young people are society's greatest asset and deserve strong investments from society. Supporting schools is one way to invest in youth and prepare them to lead satisfying and productive lives. Investments in youth can benefit nations and communities, as well as individuals. However, such investments cannot yield their full benefit if HIV/AIDS, STI, sexual violence, unintended pregnancy and other preventable health problems disrupt the learning and lives of students. Effective HIV/STI intervention is needed to maximize investments in youth and bring about intended improvements in equity, social and economic development and productivity. By responding strongly to the challenge of HIV/AIDS, the education sector can help reduce the future impact of this disease on overall development.

2.6 Argument: *Schools need to educate community members and work with them to determine the most appropriate and effective ways to prevent HIV infection among young people*

HIV prevention requires discussion and consideration of taboo and complex issues, such as sexuality, substance use and related beliefs that are rooted in religion, culture and law. Some parents and community leaders regard education about sexuality and related issues as family or religious matters and not as appropriate topics for school. Yet, parents often lack factual information and/or have difficulty addressing these issues with adults as well as with children.*(10)* Some parents rely on schools to educate their children in ways they themselves cannot.

Opinions and needs vary from school to school and from community to community. It is clear however that in any community schools alone cannot decide the most appropriate way to help young people learn about HIV prevention. Community members must be well informed and closely involved in making such decisions. Schools need to educate their community members and create forums for debate and discussion so that, together, they make decisions that can equip young people with the knowledge and skills needed to prevent HIV/STI and related discrimination.

2.7 Argument: *Policies and curricula can provide highly visible opportunities to demonstrate a commitment to equity, gender and human rights*

Schools, traditionally, are the institutions that model society. Within the context of this "model" society, students learn skills needed to make decisions about complex issues. Schools promote objectivity, inquiry and debate as a part of the learning process, and by their very nature can further discussion of social issues such as equity, gender and human rights. HIV/AIDS challenges equity, gender and human rights.

The school can either be a place that practices discrimination, prejudice and undue fear, or it can be a place that demonstrates, in a highly visible manner, society's commitment to:

○ Equity

Schools can ensure that "*every child and every adolescent has the right to education*", especially education that is necessary for survival. According to the Convention on the Rights of the Child, the right of children, even those with impairments, to receive education should not be circumvented under any circumstances.*(11)* In response to the challenge of HIV, young people need to receive information about HIV/AIDS/STI and the risk of HIV/STI.*(12)* Pupils infected with HIV should have the same educational opportunities as others. Schools can ensure that both girls and boys receive complete information about HIV/STI and their prevention, and that both young men and women are taught about risk behaviour, respect and care for partners.

○ Gender Specificity

Worldwide, rates of HIV infection are increasing among women. Women are physically more vulnerable to HIV infection than men. They are also socially and economically more vulnerable to conditions that force people to accept the risk of HIV infection in order to survive.*(12)* In Africa, south of the Sahara, there are already six women with HIV for every five men with HIV.*(13)* Yet in many places, schools are apprehensive about providing sex education or discussions of sexuality because of cultural demands to protect young women

from sexual experience.*(2)* Thus, women often lack the skills needed to communicate their concerns with their sexual partners or to practice behaviours that reduce their risk of infection. In addition, women are often subject to systematic interpersonal and institutional inequalities; important methods of HIV/STI prevention, such as condoms, are controlled by men. Gender-specific education can help women address such structural and interpersonal inequalities.

○ Human Rights

Schools can provide knowledge and help people to acquire skills that are needed to avoid HIV/STI and related discrimination. Those who are economically, socially or legally deprived have little or no access to HIV/STI prevention programmes. The school may be the only channel for reaching the deprived (especially women) with knowledge and skills for their well-being. Professional educators, regardless of moral or political convictions, are bound to protect and promote the human and civil rights of all people and help people recognize the psychosocial damage caused when human rights are denied, whether for reasons of religion, culture, gender or sexual orientation.

3. CONVINCING OTHERS THAT HIV PREVENTION INTERVENTIONS IN SCHOOLS WILL REALLY WORK

The following arguments can be used to convince others that HIV prevention efforts in schools are worthwhile. They can also help policy-makers and decision-makers justify their decisions to support such efforts.

3.1 Argument: *We know how HIV infection is spread*

The specific behaviours which spread HIV infection are well defined. Schools have been successful in teaching young people that HIV is spread from an infected to an uninfected person through: unprotected sexual intercourse; shared use of unsterilized drug injecting equipment, and skin piercing, tattooing and shaving equipment; blood transfusions (though only in countries where blood screening is not routine); and from an infected mother to her child during birth or breast-feeding.*(14)*

3.2 Argument: *Schools can help prevent and reduce the risk of HIV infection among young people*

Schools have been successful in helping young people acquire the knowledge, attitudes and skills needed to avoid infection. Education, when it is appropriately planned and implemented, is one of the most viable and effective means available for stopping the spread of HIV infection.

Evaluation studies of HIV/AIDS education have identified the characteristics of school programmes that are effective in persuading students to adopt safer sexual practices. Effective programmes focus on specific risk-taking behaviour, are based on social learning theory, use active and personalized teaching methods, provide instruction on how to respond to social pressures, reinforce social norms against unprotected sex, and offer opportunities to practice communication and negotiation skills. Also, programmes that promote postponement of sex and protected sex have been found to be more successful than programmes that promote abstinence alone.*(15)*

Annex 2 describes curricula that have proven effective in reducing risk behaviours related to HIV/STI infection among youth.

3.3 Argument: *HIV prevention interventions can have a broad impact on students' health and the classroom environment*

HIV/AIDS/STI interventions in schools can teach behaviours that will empower children to make healthy choices related to sex and other health issues. They can provide children with opportunities to learn and practice life skills, such as decision-making and communication skills, which in turn, can help enhance other important areas of adolescent development.

HIV/AIDS interventions that deal with personal beliefs and use participatory techniques can also lead to closer bonds between the teacher and the class and demonstrate to the school population and community that the school cares for its students.*(16)*

3.4 Argument: *Sex education will not lead to early sexual activity*

Researchers in many different cultural and ethnic settings have studied whether sex education leads young people to engage in sexual intercourse much earlier than they would if they had not received sex education.

A 1997 UNAIDS review of 53 studies, which assessed the effectiveness of programmes to prevent HIV infection and related health problems among young people, concluded that sex education programmes ***do not lead to earlier or increased sexual activity among young people***. In fact, the opposite seems to be true. Twenty-seven studies reported that HIV/AIDS and sexual health education neither increased nor decreased sexual activity and attendant rates of pregnancy and STI. Twenty-two reported that HIV and/or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners or reduced unplanned pregnancy and STI rates. These findings did not support the contention that sexual health and HIV education promote promiscuity. On the contrary, the review concluded that school-based interventions are an effective way to reduce risk behaviours associated with HIV/AIDS/STI among children and adolescents.*(17)*

3.5 Argument: *HIV prevention interventions in schools can benefit the entire community as well as students*

In many places, schools are a vital, central component of the community; school decisions and actions directly affect many community members. Families of children in the schools may lack education themselves but hope to learn from their children. This is particularly true of migrant populations or disadvantaged socio-economic groups.

Young people, who are adequately informed, can play a positive role in helping prevent HIV/STI. They can spread their knowledge to family members and others in their communities. Through their daily interactions, school/community projects, drama or print media, they can reach out to the community and foster discussion and debate, reflection and learning.

4. PLANNING INTERVENTIONS

The first step in efforts to prevent HIV/AIDS/STI and related discrimination is to recognize this as a priority for both health and education. The next step is to plan the interventions. This will involve determining which strategies will have the most significant influence on health, education and development and how to integrate interventions with other health promotion efforts for maximum results.

This section describes key steps to consider in planning HIV/AIDS/STI interventions as an essential element of a Health-Promoting School:

- Establishing a School Health Team and a Community Advisory Committee
- Conducting a situation analysis
- Fostering political and cultural acceptability
- Developing school policies, intervention goals and objectives

4.1 School and community involvement in planning

Health-Promoting Schools involve members of the school and the community in planning programmes that respond to local needs, have community support and are likely to be maintained. Establishing a School Health Team and bringing together a Community Advisory Committee can ensure this involvement.

4.1.1 School Health Team

A School Health Team is a group of people working together to maintain and promote the health of all people who are working and learning at school. Ideally, the team coordinates and monitors health promotion policies and activities, including those related to HIV/AIDS. Potential members include: teachers, administrators, students, parents and school-based service providers, such as members of the health services. The team should include a balance of students and adults with various responsibilities in the school who are committed to the idea of health and HIV/STI prevention.

The School Health Team, or selected members, can be responsible for planning, designing and evaluating efforts to prevent and reduce HIV/STI. For example:

- Young people, involved in an early stage of planning, can help develop a programme that responds to their specific needs and concerns.

- Parents and teachers can help ensure that programmes are developed in a culturally appropriate manner.

- Teachers and other school staff can help ensure that interventions are developed with consideration of what they know and what they can do to establish HIV/STI prevention as an essential element of a Health-Promoting School.

If a school does not have a School Health Team or group organized to promote health, the HIV/STI prevention effort can provide the opportunity to form one.

4.1.2 Community Advisory Committee

A Community Advisory Committee can represent a wide spectrum of local groups and organizations. It can provide information, arrange resources, give advice and provide support for HIV/STI prevention.

The Community Advisory Committee should include men and women with a diversity of skills who:

- can influence students' knowledge, attitudes and behaviours related to HIV/STI prevention
- are influential in the community or district
- are interested in health promotion and HIV/STI prevention
- are able to mobilize support and connections
- represent the community's geographical areas as well as economic, social, ethnic and religious make-up.

It will be beneficial to include representatives of existing community groups, such as a healthy city council or local AIDS prevention committee. Other potential members can include: representatives of local government and non-governmental organizations, businesses and vendors, media, religious leaders, community residents, community youth agencies, social service providers, health service providers and sports figures.

To facilitate the efforts of the School Health Team, the Community Advisory Committee can help to:

- determine local needs and resources
- disseminate information about health and HIV/STI prevention
- build community support
- encourage community involvement
- help obtain resources and funding for health and HIV/STI prevention interventions
- reinforce learning experiences provided in school.

The Community Advisory Committee and the School Health Team should work together to plan health promotion efforts and coordinate the various components of a Health-Promoting School, such as health education, health services and community and family involvement, so that all aspects of health promotion work together for health and HIV/STI prevention.

If the school does not have a Community Advisory Committee, the HIV/STI prevention effort provides an opportunity to form one.

4.2 Situation analysis

Policy-makers, decision-makers and interested groups at national, district and local levels should consider a situation analysis to guide the development of Health-Promoting Schools and HIV/STI prevention programmes.

The School Health Team and Community Advisory Committee can start the local planning process by conducting a situation analysis.

4.2.1 Purpose of conducting a situation analysis

A situation analysis will help people better understand the needs, resources and conditions that are relevant to planning interventions. A good situation analysis has several benefits:

- Policy-makers and decision-makers need strong arguments, especially when their actions involve allocating resources.

- Accurate and up-to-date information can provide a basis for discussion, justification for action, setting priorities and identifying groups in special need for interventions, such as children living in geographical areas where HIV/STI and substance use are prevalent.

- Data obtained through the situation analysis can help ensure that interventions are tailored to the specific needs, experience, motivation and strengths of students, staff, families and community members. Data also provide a baseline against which to measure trends in HIV infection and related behaviours, such as condom use or shared needle use.

4.2.2 Information needed

Several kinds of data and information are useful in a situation analysis:

- HIV and STI infection rates, where they are available, can provide evidence of potential risk. Information about potential risk may be very important for convincing policy-makers and the public that HIV/STI interventions are important in schools. Data about death caused by AIDS or substance use can also be useful. These data are useful in determining the extent to which HIV, AIDS, STI and substance use are health problems in the community or nation.

- Data on sexual behaviour, unintended pregnancy and (psycho-active) substance use rates among young people can help to determine the extent to which they are at risk of HIV/STI.

- Data about HIV/STI-related knowledge, attitudes and skills are also important for planning effective education programmes.*(18)* These data can be obtained by conducting a survey. Many survey questionnaires exist and the local health agency may be able to provide examples.

These data are especially useful prior to beginning HIV/STI prevention interventions in schools. The table below outlines the basic questions that might form the basis of a situation analysis and sets out the methods for collecting data.

Basic Questions	Sources and Methods for Data Collection
How prevalent are HIV, STI, unintended pregnancy and substance use in the community or nation?	Review existing data from a local health authority; or sample survey by self report
How prevalent are HIV, STI and unintended pregnancy in school-age children and young people?	Same as above
How many people are thought to be affected by HIV/AIDS?	Same as above
Are there data on HIV infection rates or AIDS-related deaths among school-age children, young people or adults in your community or nation?	Same as above
What are the important behaviours, behaviour determinants and conditions that place young people and adults at risk for HIV infection in the community?	Same as above
Do parents, teachers and young people have basic knowledge about AIDS and HIV/STI?	Questionnaire; Focus group discussions
What are the common attitudes and beliefs of teachers, parents and youth towards AIDS and HIV/STI?	Same as above
What are the common attitudes and beliefs of teachers, parents and youth towards education about AIDS and HIV/STI?	Same as above
Does a school HIV policy pertaining to privacy, learning and employment exist? Are school staff, teachers and students informed of its existence?	Interview with school officials
Are other health programmes and interventions in place into which education about HIV/STI can be integrated?	Interview with school and community leaders

4.3 Political and cultural acceptability

4.3.1 Political commitment

The success of efforts to implement Health-Promoting Schools and education to prevent HIV/STI depends on the will, commitment, support and action of health and education authorities. Endorsement and support from leaders and senior officials are essential. Political leaders, at all levels, must be involved in supporting HIV/STI prevention interventions in schools.

Evidence of political commitment: *(19)*

- Public acknowledgement by a wide range of political leaders of the importance of HIV/STI prevention and the need for schools to play a significant prevention role.
- Clear sanction and support from the Ministries of Education and Health.
- Financial support to ensure that schools have sufficient resources to develop and implement policies, curricula and training.
- Demonstration of solidarity towards those infected and affected by HIV/AIDS in communities and nations.

4.3.2 Community commitment

Success also depends on the extent to which people in the community are aware of and are willing to support health promotion efforts. From an early stage, schools need to inform parents and community members about the design, content, delivery and assessment of the programme. Schools can then respond to their concerns and get their commitment. Community group meetings, parent-teacher associations, formal presentations, open houses, civic clubs and religious centres are useful for promoting and encouraging community involvement. Partnerships with representatives from sectors such as education, health, business, communication, recreation, voluntary service, nongovernmental organizations and religious groups can demonstrate commitment and provide resources and support for health promotion and HIV/STI prevention.

Communities can show their commitment by: *(6)*

- Public acknowledgement by local health, education, social and religious leaders of the importance of HIV/STI prevention, especially in schools.
- Allocating local resources, such as public money for HIV/STI prevention interventions in schools.
- Coordinating school interventions and community programmes, such as HIV/STI prevention programmes, substance use prevention programmes, local testing/counselling and hospice services.
- Ongoing efforts to attract community attention to the problem, through HIV- and STI-related peer education, dramas, print material, community fora and mass media.
- Highly visible expressions of support from existing councils, school boards and organizations, such as women's groups, youth groups and civic groups.

4.4 Goals and objectives of HIV/STI prevention interventions in schools

Using information from the situation analysis, the School Health Team, in collaboration with the Community Advisory Committee, can develop goals and objectives for health promotion and HIV/STI prevention interventions.

4.4.1 Goals

Goals should describe in broad terms what the programme will achieve. In a Health-Promoting School, the overall goal of HIV/STI-related interventions is to prevent HIV/STI and reduce HIV-related discrimination. A goal must be broken down into specific objectives so that everyone clearly understands what needs to be done to achieve the goal.

4.4.2 Objectives

Objectives are steps for achieving the overall goal. Objectives may focus on health status, behaviour and/or conditions, as well as measurable changes in knowledge, attitudes, skills and services. The following list provides examples of objectives that could be developed for HIV/STI prevention interventions in middle and/or secondary schools:

- By *(insert date)*, the percentage of students who report that they engage in sexual intercourse without a condom will be reduced from ... percent to at least ... percent as evidenced by self reported information collected in anonymous surveys of secondary school students.

- By *(insert date)*, the percentage of students that are able to identify at least four ways that HIV is transmitted will increase from ... percent to at least ... percent as evidenced by pre- and post-test results among middle school students.

- By *(insert date)*, the percentage of students that participate in at least one school/community project to prevent HIV/STI and related discrimination will increase from ... percent to at least ... percent as evidenced by student activity reports.

- By *(insert date)*, the percentage of students who report that they are confident they can assert their decision not to engage in sexual intercourse with pressuring partners will increase from ... percent to at least ... percent, as evidenced by pre-post tests of middle school students.

5. INTEGRATING HIV/STI PREVENTION INTERVENTIONS WITHIN VARIOUS COMPONENTS OF A SCHOOL HEALTH PROGRAMME

A Health-Promoting School strives to use the school's full organizational capacity to improve the health of students, school personnel, families and community members. Such a school offers many opportunities to promote HIV/STI prevention. HIV/STI prevention interventions can serve as an entry point for developing or enhancing policies, planning groups and various components that serve as a framework for a Health-Promoting School. These components include, but are not limited to:

- School health education
- Healthy school environment
- School health services / counselling and social support
- School / community projects and outreach
- Health promotion for school staff

The effectiveness of interventions integrated into each of these components depends on how they are supported by people, policies and trained staff. Not every school will have the resources to integrate HIV/STI prevention interventions into all of the components at one time. Each school has to establish its own priorities. A Health-Promoting School enables all parties concerned – students, parents, teachers and community members – to work together to set such priorities. It is important to start as soon as possible with small changes instead of waiting until resources become available to address all of the components simultaneously.

5.1 School health education

Overall, school health education seeks to help individuals adopt behaviours and create conditions that are conducive to health. Thus, ***the clear and precise delineation of behaviours and conditions that are to be influenced is essential for the development of effective school health education efforts***. Examples of behaviours commonly addressed to prevent HIV/STI and related health problems are listed below.

To help schools develop health education interventions to address such behaviours and conditions, WHO and UNESCO have developed *School Health Education to Prevent AIDS and STD*, a resource package containing a Handbook for Curriculum Planners, Student Activities and a Teacher's Guide.

These documents are available from WHO, UNESCO and UNAIDS. Information about this resource package is available at the following addresses:

UNAIDS Information Centre

Office M409
Avenue Appia 20
1211 Geneva 27
Switzerland

WHO Regional Office for the Americas
Pan American Health Organization
525, 23rd Street, N.W.
Washington, DC 20037
U.S.A.

UNESCO

7, place de Fonteony
75352 PARIS 07 SP
France

Common behaviours related to HIV infection

- **Sexual behaviours that increase risk for contracting HIV infection:**

  - vaginal intercourse without a condom with an infected person
  - anal intercourse without a condom with an infected person
  - semen or vaginal fluid taken into the mouth during oral-genital sex
  - any sexual act that involves the contact of blood, semen and/or vaginal fluid between two or more persons*(14)*

- **Substance use behaviours that increase risk of HIV infection:**

  - sharing needles with HIV-infected persons or persons who do not know their health status
  - using alcohol and other substances that lower inhibitions and increase the chances of engaging in unsafe sexual practices or substance use
  - failure to boil equipment if clean needles are not available
  - failure to clean shared needles (by rinsing them twice with water, twice with bleach, twice with water)

- **Perinatal behaviours that increase risk of infecting the unborn child:**

  - failure to obtain prenatal testing and treatment, when available, to reduce risk of infecting the unborn child
  - failure to assess risk of infection to child via breast-feeding

- **Transfusion or use of blood products/equipment that present risk of infection:**

  - failure to consider the degree of risk before accepting blood in countries that do not conduct routine testing of blood donations
  - receiving donated blood of unknown origin in countries that have not achieved a safe blood supply
  - using needles, syringes or other drug injecting equipment that are not sterilized

- **Behaviour involving instruments that present risk of infection:**

  - failure to clean instruments that may involve blood, such as tattoo, skin piercing and shaving instruments, dental equipment and medicinal drugs administered through injectors

5.1.1 Knowledge, values, beliefs, attitudes, skills and related conditions that influence behaviours associated with HIV/STI

In a Health-Promoting School, health education to prevent HIV/STI is designed to help students acquire the knowledge, attitudes, beliefs, skills and support to make informed decisions, practice healthy behaviours and create conditions conducive to health. The design must consider the developmental level of the students, starting at primary levels and continuing to secondary levels, to build on and reinforce previous learning experiences.

Important knowledge, attitudes, values and skills related to the prevention of HIV and related discrimination are described in the boxes below. Items are categorized for different developmental levels – young children, pre-adolescents and adolescents. Close collaboration between education and health officials, as well as with parents, students and community members, is necessary to determine the most important and appropriate content to provide to help young people avoid HIV and STI.

Young Children: Knowledge, attitudes, beliefs, values and skills related to HIV transmission that **young children** need.

KNOWLEDGE

Students will learn that:

- HIV is a virus some people have acquired
- HIV is difficult to contract and cannot be transmitted by casual contact, such as shaking hands, hugging or even eating with the same utensils
- people can be HIV-infected for years without showing symptoms of this infection
- many people are working diligently to find a cure for AIDS and to stop people from contracting HIV infection

ATTITUDES/BELIEFS/VALUES

Students will demonstrate:

- acceptance, not fear, of people with HIV and AIDS
- respect for themselves
- respect between adolescent males and females – tolerance of differences in attitude, values and beliefs
- understanding of gender roles and sexual differences
- belief in a positive future
- empathy with others
- understanding of duty with regards to self and others
- willingness to explore attitudes, values and beliefs
- recognition of behaviour that is deemed appropriate within the context of social and cultural norms
- support for equity, human rights and honesty

SKILLS

Students and others will be able to:

- acquire practical and positive methods for dealing with emotions and stress
- develop fundamental skills for healthy interpersonal communication

Pre-adolescents: Knowledge, attitudes, beliefs, values and skills related to HIV transmission that **pre-adolescents** need.

KNOWLEDGE

Students will learn:

- bodily changes that occur during puberty are natural and healthy events in the lives of young persons, and they should not be considered embarrassing or shameful
- the relevance of social, cultural, and familial values, attitudes and beliefs to health, development and the prevention of HIV infection
- what a virus is
- how viruses are transmitted
- the difference between AIDS and HIV
- how HIV is and is not transmitted

ATTITUDES/BELIEFS/VALUES

Students will demonstrate:

- commitment to setting ethical, moral and behavioural standards for oneself
- positive self-image by defining positive personal qualities and accepting positively the bodily changes that occur during puberty
- confidence to change unhealthy habits
- willingness to take responsibility for behaviour
- a desire to learn and practice the skills for everyday living
- an understanding of their own values and standards
- an understanding of how their family values support behaviours or beliefs that can prevent HIV infection
- concern for social issues and their relevance to social, cultural, familial and personal ideals
- a sense of care and social support for those in their community or nation who need assistance, including persons infected with and affected by HIV
- honour for the knowledge, attitudes, beliefs and values of their society, culture, family and peers

SKILLS

Students will be able to:

- communicate messages about HIV prevention to families, peers and members of the community
- actively seek out information and services related to sexuality, health services or substance use that are relevant to their health and well-being
- build a personal value system independent of peer influence
- communicate about sexuality with peers and adults
- use critical thinking skills to analyse complex situations that require decisions from a variety of alternatives
- use problem-solving skills to identify a range of decisions and their consequences in relation to health issues that are experienced by young persons
- discuss sexual behaviour and other personal issues with confidence and positive self esteem
- communicate clearly and effectively a desire to delay initiation of intercourse (e.g., negotiation, assertiveness)
- express empathy toward persons who may be infected with HIV

Adolescents: Knowledge, attitudes, beliefs, values and skills related to HIV transmission that **adolescents** need.

KNOWLEDGE

Students will learn:

- how the risk of contracting HIV infection can be virtually eliminated
- which behaviours place individuals at increased risk for contracting HIV infection
- what preventive measures can reduce risk of HIV, STI and unintended pregnancies
- how to obtain testing and counselling to determine HIV status
- how to use a condom appropriately

ATTITUDES/BELIEFS/VALUES

Students will demonstrate:

- understanding of discrepancies in moral code
- a realistic risk perception
- positive attitude towards alternatives to intercourse
- conviction that condoms are beneficial in protecting against HIV/STI
- willingness to use sterile needles, if using intravenous drugs
- responsibility for personal, family and community health
- support for school and community resources that will convey information about HIV prevention interventions
- encouragement of peers, siblings and family members to take part in HIV prevention activities
- encouragement of others to change unhealthy habits
- a leadership role to support the HIV prevention programme
- willingness to help start similar interventions in the community

SKILLS

Students will be able to:

- refuse to have sexual intercourse
- assess risk and negotiate for less risky alternatives
- seek out and identify sources from which condoms can be obtained
- appropriately use health products (e.g. condoms)
- seek out and identify sources of help with substance use problems, including sources of clean needles or needle exchange

5.1.2 Important considerations in planning education about HIV/AIDS/STI

Virtually every school will have students who have in the past or who are at present engaging in risky sexual behaviour, whether by their own choice or forced by others. Students must be taught specific ways to reduce the risk of HIV/STI.

Education to prevent HIV/STI and related discrimination should be an important part of a school health curriculum, integrated into various subject areas and included in the school's extracurricular activities. School health education should be a planned, sequential course of instruction from the primary through the secondary levels, addressing the physical, mental, emotional and social dimensions of health. It can be taught as a specific subject, as part of other subjects or as a combination of both.

Education to prevent HIV/STI and related discrimination *should be combined with education about life skills, reproductive health and alcohol/substance use so that the learning experiences will complement and reinforce each other.* To link these issues, organize them into a school health education curriculum and/or coordinate the simultaneous or sequential presentations of related topics in different classes. Co-teaching, sharing teaching resources, referring students to related lessons and involving students from different classes in group activities also link health, HIV/STI prevention and other relevant topics.

Scientific terms and biological-technical details may seem important; however, for the purposes of health education, they are less important than practical and basic information that will enable students to avoid infection. It is more important for a student to learn how the virus is spread and how to negotiate safe sex, for example, than to learn about the composition of the virus.

Students need to also learn about the fears that surround HIV/AIDS/STI. Some students may fear risk when abstaining from sexual intercourse or engaging in common sexual activities such as masturbation. Some students may experience fear when engaging in expressions of affection such as hugging, kissing and touching genitals. Some students may fear being near or touching someone who may have acquired HIV infection. Because of misconceptions about how HIV is and is not transmitted, some students may suffer undue anxiety and concern. Students must be taught how the virus is and is not spread. When they overcome fear, their understanding and empathy toward people who have HIV/AIDS can grow.

Interviews, informal discussions or questionnaires can be used to gain useful information from students and parents about values, beliefs and attitudes that may influence behaviours and conditions associated with HIV infection. Such information will enhance understanding among teachers, other school personnel and health workers, and will help them focus interventions on the factors that contribute most to HIV infection in the community. This information is also important in developing complementary educational efforts such as those carried out by mass media, health workers, religious groups and other organizations.

The influence of mass media is important to consider. Young people are frequently exposed to and influenced by the media. While schools teach one set of messages, the media may be providing quite different messages. School-based programmes should take into account information provided through the mass media and take steps to refute unhealthy messages.

Two essential actions are needed to tailor HIV/STI education to the specific needs of students and others in the community:

- Identify specific behaviours and conditions most relevant to HIV/STI prevention in the community.

- Specifically delineate the knowledge, attitudes, belief, values, skills and services that positively or negatively influence behaviours and conditions most relevant to HIV/STI.

5.1.3 Selecting educational methods and materials for health education

Educational methods such as lectures, discussion, role-plays and audio-visual aids should be designed to influence specific factors – such as knowledge, attitudes and values, myths, skills and services – related to behaviours and conditions most relevant to HIV/STI in the community.

Select an education method on the basis of how well it will influence a particular factor. For example, a lecture is an effective way to increase knowledge, but less effective in influencing beliefs and building skills. Discussions, debates and carefully prepared written materials can be more effective than a lecture in dispelling the logic or foundation of local myths. Practice sessions and role play exercises are more effective in building skills than lectures, discussions, debates or written materials.

Educational methods also need to correspond with the developmental level of students and be sensitive to the cultural context.

5.1.4 Choosing educational options

Education about HIV/STI prevention and sexual behaviour poses a major dilemma for many educators, a dilemma fuelled by public pressures and the different beliefs and values of government, various religions and parents.

As schools try to determine the most appropriate focus for HIV/STI education, the following options may be considered and discussed with teachers, parents, students and members of the Community Advisory Committee. As a strategy to prevent HIV infection in the community, each option has its own strengths and limitations.

The options are:

- **abstinence from sexual intercourse**
- **non-penetrative sex**
- **condom use**
- **monogamy with an uninfected partner**
- **abstinence from substance use**

If schools choose to help students recognize all the options for prevention, they can teach students to select options that correspond to their own standards, lifestyle, age and personal situation. Some options will only be realistic for older students. If schools choose to promote only one option, they are likely to fail to provide a viable option for a significant proportion of students. Thus, each option should be discussed and carefully considered.

A combination of options is clearly a more complete and potentially effective approach.

○ Abstinence from sexual intercourse

From a medical point of view, this practice is the safest, as it reduces the chances of infection with HIV and STI through sexual behaviour to zero and is in accordance with traditional values about young people and sexuality held in many parts of the world. In practice however, young people in many countries do have sexual relationships, or may be forced to have sex, so a significant number of them may not find the option of abstinence acceptable or realistic. Many young people, who at first intend to abstain from sex, cannot maintain that intention because of peer pressure or other personal or social factors. Programmes that promote abstinence alone have proven largely ineffective in reducing sexual activity or sexual risk taking.

○ Non-penetrative sex

Sexual behaviours that involve the exchange of semen, vaginal fluids or blood between partners can pass HIV from an infected to a non-infected partner. These behaviours include vaginal and anal intercourse without using a condom, taking semen or vaginal fluids into one's mouth in oral sex and any sex act that involves blood contact. Abstaining from these risky behaviours virtually eliminates the chances of contracting HIV infection but does not eliminate the chance of contracting other STI. Kissing, hugging, touching/caressing and non-penetrative sexual activities such as masturbation do not carry the risk of HIV infection and are not likely to result in an STI. For many young people, however, and especially for adolescent males, sex means vaginal intercourse, and they may not accept the option of non-penetrative sex.

○ Condom use

A condom, used appropriately in connection with potentially risky sexual behaviour, considerably reduces the risk of HIV/STI. In spite of what parents and other adults tend to think, adolescents tend to be sexually active. In many countries, the average age of first sexual intercourse is about seventeen years, and in some countries the average age of initiation is even lower.*(20)* Although young people usually are monogamous within a given relationship, the relationship itself lasts for a short period of time. Most young people who are sexually active can be called serially monogamous; they do not realize that serial monogamy is identical to having multiple sexual partners. Acceptance of condom use is growing and condoms are increasingly available throughout the world. Moreover, research shows that education about condom use does not lead to increased promiscuity among young people.*(21)*

○ Monogamy

An exclusive sexual relationship with one person can protect against HIV/STI, provided that the sexual partners are not already infected when entering the relationship and do not become infected during the relationship. However, marriage, divorce and remarriage to another partner have become increasingly commonplace in many countries. Extramarital relationships pose a threat to people who rely on monogamy to prevent HIV/STI. An overwhelming majority of people disapprove of extramarital sexual relations, but in fact, most have extramarital affairs at some point during their marriages. In polygynous societies, multiple sex partners are accepted and indicate a man's social and economic status.*(22)*

○ Substance and needle use

Drug use influences the spread of HIV directly and indirectly. An important drug use behaviour that puts people at risk for contracting HIV infection in a direct way is needle use. The behavioural objective in this case is to stop people sharing needles or to encourage them to clean shared needles prior to use. Infection through needles is not restricted to illicit drug use and may also occur with medicinal drugs (administered by injection), with preventive care (such as vitamin injections in some cases), tattooing or piercing. Modes of transmission vary greatly depending on the cultural context and the adequacy of health care: the content of local interventions need to reflect local culture and realities. Misuse of alcohol and substance use can increase risks indirectly by lowering people's inhibitions against engaging in unsafe sexual or drug-using behaviour.

5.1.5 Peer education and student involvement

Participation and empowerment are key principles of a Health-Promoting School. Youth should be involved in planning school health programmes, in carrying out the activities and evaluating them in a structured way.

It is well known that young people get much of their sexual health knowledge from their peers. Young people are often sensitive to peer pressure and can exert a strong influence on one another. This influence can be negative, with young people encouraging each other to engage in risk behaviours, or channelled to have a positive influence.

Research shows that when peers deliver prevention it can enhance the effects of the intervention.*(23)* Peers can contribute to HIV/STI prevention interventions in formal and informal ways. Education sessions led by peers can help to spread messages about what is safe behaviour and what is not. Young people can be effective educators: they can use language and arguments that are relevant and acceptable to their fellow students. They are capable of presenting information and skills in an informal way and in a safe atmosphere. For these reasons, they are credible and may be able to offer applicable solutions to prevention problems among their peers.

Peer educators can sometimes reach groups that professionals cannot (e.g. intravenous drug-using youth, youth in prostitution, migrant youth, gay youth and marginalized youth). In some countries, the taboo on sexuality is very evident, and the distance between teachers and students is vast.

Peer education is an investment in young people. Peer educators can serve as role models and form the basis for peer support networks. They can serve as counsellors and as opinion leaders in setting the agenda, communicating values, promoting positive social norms and life-skills training.

The work of peer educators has an impact on the peer educators themselves. It offers opportunities for students to learn to care for others and to take control of their health. It can have a positive influence on their self-esteem, skills and attitudes with regard to sexuality and health.

The role of a peer educator can extend far beyond the classroom. Peer programmes provide an excellent way to link schools to community-based organizations and offer opportunities to educate a vast number of people.*(23)*

Students who are trained educators in HIV/STI prevention can address school classes and community youth groups, answer telephone hotlines and staff offices where students can drop by to discuss HIV/STI-related concerns and issues. Peer educators are relatively low cost and typically there is an abundant pool of potential volunteers.

To function effectively, however, peer educators need to be properly trained and supervised. We already known that peer educators who have only been trained to transmit knowledge run the risk of being rejected by their peers because they are perceived as "know-it-alls". They need skills in counselling, empathy, decision-making, resistance to group pressure, assertiveness and building self-esteem. Follow-on coaching can support their efforts once they begin to work as peer educators.

5.1.6 Training school personnel to implement health education and other efforts to prevent HIV/STI and related discrimination

Teachers play an important role in preventive education. Pre-service and in-service training for teachers is crucial if preventive education is to be effective. Teachers and their representative organizations should be involved in every stage of planning, implementing and evaluating HIV/AIDS training. In particular, teachers need to be trained to use participatory and interactive teaching methods.

In all communities, the training of teachers should be of highest priority because, for better or worse, teachers are role models for their students and other members of their community. School personnel can be strong role models if they demonstrate their willingness to learn about HIV/STI, to show compassion and empathy towards individuals infected and affected by HIV/AIDS and respect and understanding for others regardless of gender, sexual orientation or life circumstances.*(24)*

An HIV/STI training programme for teachers and other school personnel should be planned with consideration to:

- mobilizing support inside as well as outside the school
- giving financial and professional incentives
- designing training, based on needs of the teachers and the school situation
- establishing pre- and in-service training for teachers of all grade level
- providing sufficient time for on-going training*(25)*
- allocating personnel, time, resources and authority to a staff member who will be responsible for initiating, managing and coordinating the training
- developing a core group of trainers or training teams that will enable all relevant teachers and school personnel to receive training in a timely manner
- regularly scheduling follow-up sessions or other means by which to periodically provide updates on HIV/STI or related health problems
- coaching by experienced trainers for those teachers who would like to have this kind of support
- evaluating the impact and effectiveness of the training and revision of the training format as needed*(19)*

Training should be designed with consideration to the knowledge, attitudes, beliefs, values and skills of the teachers. In all cases it should include:

- a rationale for implementing HIV/STI education in schools
- accurate information about HIV/STI prevention
- accurate information about sexual behaviour, beliefs and attitudes of young people
- accurate information about alcohol and substance use in relation to HIV/STI prevention
- opportunities to examine the teachers' own standards and values concerning sexuality, gender roles and substance use
- explanation of a wide variety of teaching methods (especially participatory teaching methods)
- practice that uses various methods to impart knowledge, develop attitudes and build skills related to HIV/STI prevention and responsible sexual behaviour in a way that is inspiring and effective
- conflict management and negotiation skills
- identification and discussion of gender specific issues
- suggestions about ways to deal with cultural and religious traditions that may present barriers to discussions about sexuality
- lessons about how to promote compassion and support for appropriate guidance and care for persons infected with HIV
- guidance about identifying and referring students with sexual health problems to appropriate services
- integrating HIV/STI prevention and related topics into the existing curricula *(6)*

Curricula for HIV/STI prevention and other health-related issues may be available through governmental and nongovernmental agencies and organizations, universities or teachers' unions. Teachers and students themselves can also generate supplementary materials specific to the local situation. Information about obtaining the WHO/UNESCO resource package *School Health Education to Prevent AIDS and STD* is found in **Section 5.1** – School Health Education.

5.2 A healthy school environment

The school environment plays a key role in the success of HIV/STI prevention programmes. An environment that fosters understanding, caring and empathy contributes greatly to positive values, beliefs and attitudes about HIV/STI prevention among students, teachers, staff and the community. To create an environment that supports education about HIV and STI, schools must consider policies and practices, including rules, guidance and referral to services.

5.2.1 Supportive school policies

School policies are brief documents that set out a clear set of school standards on health and HIV/STI prevention. Developing supportive HIV/STI-related school policies is as important as designing effective HIV/STI interventions. Supportive school policies guide the planning, implementation and evaluation of efforts to promote health and prevent HIV/STI. They incorporate the input of all relevant constituents of the school community: students, teachers, parents, staff, administrators, nurses and counsellors. Policies should meet national and local needs and standards and be adapted to the health concerns, norms and values of ethnic and cultural groups represented at school.

Examples of supportive policies and regulations: *(6, 25)*

- Required HIV/STI training for all school personnel
- Required coordination between health and education authorities at local and district levels in planning and implementing HIV/STI interventions in schools
- Policies for students and school personnel that support privacy, attendance, employment and infection control
- Policies that support HIV/STI prevention and other health interventions for all levels of schooling, starting in the earliest grade and continuing through the last grade
- Designation of a school-level coordinator with responsibility and authority to deal with health issues and concerns
- Policies about curricula content, including sensitive issues like safe sex, birth control, family planning, sexual harassment and sexual orientation
- A code of professional ethics that protects students, teachers and staff from sexual harassment and abuse

5.2.2 Policy for HIV-infected school staff, teachers and students

A Health-Promoting School promotes a caring and supportive environment for people who work and study there. Students and teachers who are infected with HIV should not fear any restrictions based solely on their HIV status. There is no acceptable reason for denying education to a student infected with HIV or denying employment to a teacher infected with HIV. Efforts to develop policy for school personnel infected with HIV should aim to ensure that employers cannot take action against an employee based solely on his or her HIV status. Policy in terms of employment must not be influenced by HIV status. Reasonable accommodations should be made for employees who are able to perform the tasks of their position with reasonable assistance. These might include: job-related aids or services, change in work site and flexibility with rest periods and occasional absences.*(6)*

Policies for HIV-infected students and school personnel may state points such as:

- Guarantee confidentiality and privacy of HIV-infected persons.
- Full attendance and equitable, safe and humane treatment for students and school personnel with HIV/STI should be paramount.
- Each decision about educational and working environment, such as use of special aids or need to accommodate persons with HIV, must be documented.
- Special services can be provided to assist those with limited strength or whose illness hampers their educational and/or working performance.
- Policies and procedures on intervention and prevention of harassment should exist to promote an environment that fosters respect and compassion as well as social growth for all students and school personnel.
- HIV-related disability definitions should conform to prevailing laws, where applicable.
- Requirements and procedures established through collective bargaining must be respected.

Policies help ensure the social, emotional and physical well-being of HIV-infected students and school personnel. By serving all people equitably, the school promotes understanding, respect and compassion among its students, staff and community.

5.2.3 Universal infection-control precautions for teachers and students

Universal infection-control precautions are practices that schools, like other organizations, need to follow to prevent a variety of diseases. Precautions should include policies on caring for wounds, cleaning-up blood spills and disposing of medical supplies.*(6)*

While these precautions are valuable in preventing certain diseases, such as flu, chicken pox or ear infections, schools must recognize that HIV is more difficult to transmit. HIV/STI are not transmitted by casual contact, such as shaking hands, hugging or using toilet seats or eating utensils. Even kissing or deep kissing does not transmit HIV.

Universal precautions are simply policies that schools put into place as safeguards for emergency situations. To diminish fears schools should inform personnel and students about the infection-control policy and address concerns through open discussion.

5.2.4 Creating an environment that promotes HIV/STI prevention and fosters understanding, caring and empathy

A Health-Promoting School dispels fear and tension among its students, teachers and staff, and promotes values of mutual respect and acceptance. It offers a safe, trustful environment. Teachers, administrators, staff and students actively display these values inside and outside the classroom. Teachers demonstrate to students that HIV-positive individuals and people who associate with HIV-positive individuals are not to be feared. For example, a teacher might openly hug an HIV-positive student upon his or her return to the classroom after hospitalization. Promoting activities in school, like *World AIDS Campaigns* and *AIDS Awareness Day*, are ways to support people who are infected or affected by HIV/AIDS. Such activities create understanding of HIV and its broad implications. As educators, people who are HIV infected or who have AIDS have had a great impact in correcting misunderstandings and in promoting solidarity.

In many countries, the high prevalence of HIV and STI among homosexuals and men who have sex with men increases already existing homophobia and discrimination. Promoting gender equity and understanding of different beliefs, cultures, religions and sexual orientation helps ensure that all teachers, students and staff feel accepted.

In addition to providing a social climate that promotes understanding and solidarity, a Health-Promoting School provides a physical environment that contributes to HIV/STI prevention. Examples include offering adequate information about HIV/STI in the school library, mounting posters in the hall and instituting security regulations to ensure safe travel to and from school. The school can provide facilities for storing medication needed by students and staff. Some schools have worked with local health services to make condoms accessible to students who need them.

5.3 School Health Services

Many Health-Promoting Schools are striving to develop and improve school health and support services. Such services become increasingly important as the number of children and young people who are affected by AIDS-related illness, death and stigma grows. In both developed and developing countries, school health services tend to be very limited in scope and HIV-related services are not commonly provided.

Thus, the following points may be useful to persons who are trying to increase support for improved school health and support services, including services that respond to HIV/AIDS.*(26)*

- In many countries young people have little or no regular access to primary health care services. In some areas, the school is the only social institution with which young people have contact.

- Despite evidence that school health services are viable and effective public health interventions, and growing evidence of their need, school health services are not well developed, if available at all, in many countries. This is unfortunate because learning and academic achievement are strongly influenced by student's physical and emotional health.

- School health services can significantly contribute to the development of young people and should be advocated as a means of community and economic development.

- HIV/AIDS provides an opportunity to consider and debate the need for improved and expanded school health services.

- As school health services are revised and new services proposed and developed, they should be planned and implemented as an integral part of the existing school health programme and available to all students, as appropriate and relevant. Services that respond to HIV/AIDS and related health problems are likely to be most effective when integrated and co-ordinated with other school health and support services.

A Health-Promoting School can serve as a point of support and referral for students and teachers dealing with issues associated with HIV/AIDS/STI. Not all schools provide school health services, yet where resources are available, school health services can be augmented with activities that respond to HIV/AIDS/STI-related needs and concerns. Health workers who provide school health services could make the following contributions.

To help strengthen school/community response to HIV/AIDS/STI, health workers could:

- Advocate for supportive school policies and strong school programmes with policy- and decision-makers and relevant community leaders.
- Engage and support education officials and representatives from other relevant sectors in providing information, building skills and providing counselling services in the school setting (and be actively involved in these efforts themselves).
- Collaborate with school officials, students and teachers to mobilize school and community support for efforts that respond to HIV/AIDS/STI. For example, develop peer networks among students that promote understanding about and support for healthy sexual attitudes and behaviours, prevention programmes and care; and link such networks to relevant programmes and networks in the school and community.

To help prevent HIV/AIDS/STI among students and school personnel, health workers could:

- Provide information and advice to students and school personnel.
- Provide opportunities for school personnel, students, and parents to ask questions and clarify any doubts or concerns they may have about HIV/AIDS/STI and methods of prevention.
- Serve as a confidant to whom students and school personnel can express fear and anxiety about HIV/AIDS/STI without facing ridicule or judgement.*(27)*
- Provide health products (such as contraceptives and condoms) when they are permitted to do so, by prevailing laws and policies.
- Identify and collaborate with organizations, which can provide appropriate non-health services when required, such as legal support for adolescents who are being abused.

To help meet the needs of students and school personnel with STI and/or HIV-related concerns and illnesses, health workers could:

- Be alert to the possibility of the presence of health problems, (such as sexually transmitted diseases) and/or unhealthy practices (such as injecting drug use), and detect them early, if and when they arise.
- Appropriately manage STI and/or HIV-related problems, to the best of their abilities, and based on the facilities available at their disposal. This could include providing medical treatment, responding to the child's/adolescent's psychological needs, and helping them deal with the social implications of their conditions.
- Refer students and school personnel to the next `level' of health service delivery and/or to organizations which provide relevant support services, such as counselling and social support in the areas of adolescent development, sexuality, peer pressure, identity formation, illness and death, if and when available.
- Answer questions of students and school personnel about the need for and value of HIV-antibody testing. As necessary, and if available, refer students and staff to an appropriate and confidential facility that provides pre- and post-test counselling. Counselling about HIV-antibody testing requires the services of support staff and professionals who are trained and experienced in dealing specifically with the issues involved.
- Observe confidentiality with respect to infected students and school personnel and disclose information to staff on a need-to-know basis only.
- Support the education and employment rights of HIV-infected students and staff by assuring concerned officials and others that HIV infected students and staff pose virtually no health threat to students and school personnel when they attend classes or work in the school.

5.4 Family, school and community projects and outreach

A Health-Promoting School addresses health and HIV/STI prevention by engaging students, school personnel, families and community members in collaborative and integrated efforts to improve health, both in the school and through school/community projects and outreach.

Students can practice and share what they learn in the classroom about health and HIV/STI prevention with their family and the community, while parents and community members have the potential to support and reinforce HIV/STI prevention interventions. Students are most likely to adopt healthy sexual behaviour patterns if they receive consistent information and support through multiple channels, such as parents, peers, teachers, community members and the media.

School/community projects provide a way for students to become actively involved in the learning process while helping the community to acquire specific health-related knowledge.*(28)* For example, drama is a powerful way to reach families and members of the community. Historically a way of conveying information to large groups of people, drama provides an opportunity for audiences to experience abstract concepts visually. It allows for easy-to-understand language and dialects. Drama creates a forum for communication about sensitive issues in a culturally and socially acceptable manner. Able to reach many people in various locations, it is an excellent method to use when conveying information to youth because it allows for creativity as well as participation. When schools involve youth in a drama presentation about HIV/AIDS, and other health issues, they must be very clear about the health message conveyed. Character development provides insight about perceptions that others have about HIV/AIDS or other health issues, and also helps develop respect and appreciation for experiences of people from different backgrounds.

5.5 Health promotion for school staff

In a Health-Promoting School, health promotion is not limited to students. It is also provided for teachers and non-teaching staff. All school personnel need to learn how to avoid HIV/STI and encouraged to show solidarity with people living with HIV/AIDS. There are several reasons why school health promotion for staff is important. School personnel can help identify policies and practices that support or undermine their health and well-being. A school health promotion programme for staff can help develop policies that support their health and find ways to change policies that are not conducive to the health of teachers and other staff. These efforts benefit the school: healthy teachers are better able to fulfill their responsibilities and serve as strong role models. All staff should be provided with basic information about AIDS and how to avoid HIV/STI. All staff should also be provided with information about the harm HIV-related discrimination causes to individuals and societies in general.

6. EVALUATION

Evaluation, a powerful tool that can inform and strengthen school health programmes, can be used to plan as well as to document the effects of action. Most evaluations seek to provide information about the extent to which a programme is being implemented as planned and producing the intended effect.

Evaluation helps to:

- Provide information to policy-makers, sponsors, planners, administrators and participants about the implementation and effect of the programme.
- Provide feedback to those involved in project planning to determine which parts of the programme are working well and which are not.
- Make improvements or adjustments in the process of implementation.
- Demonstrate the value of the efforts implemented by the school, parents, students and community members.
- Document experience from a programme so that it can be shared with others.

Responsible officials, members of the school health team or their designees, should regularly review the implementation process and assess the effectiveness of school health interventions. All groups affected by the programme should have the opportunity to provide input. Based on the results of information gathered from evaluation, those involved in planning and carrying out the interventions will make decisions about the programme and its components.

An evaluation is useful and complete only when its results are reported, communicated to those who are involved, and used to improve programme efforts.

6.1 Types of evaluation

Two main types of evaluation are most relevant to school health programmes: process and outcome evaluation.

6.1.1 Process evaluation

Process evaluation assesses how and how well the interventions are being implemented. Process evaluation answers questions such as:

- To what extent are the interventions being implemented the way they were intended?
- To what extent are the interventions reaching the individuals in the target group?

Evaluation is an important activity that is often limited because of scarce resources: time, personnel or budget. When resources for evaluation are scarce, schools may find it more feasible to conduct a process evaluation rather than an outcome evaluation. Too often, programmes rush to study their impact on youth without fully understanding whether or how well the intervention was implemented. Process evaluation can show that the intended programme is effectively implemented before outcome evaluation is attempted.

6.1.2 Outcome evaluation

Outcome evaluation measures the extent to which a programme achieves specific objectives. It can demonstrate the benefits of school health promotion programmes or illustrate the need for further programmes. Outcome evaluation can demonstrate changes in behaviour, increases in knowledge, changes in attitude or belief, increased confidence to use new skills and improvements in social or environmental conditions that are relevant to the prevention of HIV infection and related discrimination. Brought to the attention of the community, the evaluation results can help reinforce commitment and convince others to support the programme.

6.2 Evaluating the planning and implementation of HIV/STI interventions

6.2.1 Evaluating HIV-related policies

School health HIV-related policies (addressed in **Section 5.2** – A healthy school environment) can be assessed to determine what exists and what the policies cover. Content and process can be assessed by comparing adopted policy with policy guidance that may be available from the local health agency or other relevant organizations. Expert appraisal of the medical content of the policy can ensure that facts and medical research are accurately reflected. Persons for whom the policies are intended can be surveyed for their insights as to the value of the policy.

Here is a checklist that schools can use to evaluate a school's HIV-related policies.

Does a school policy exist that:

- ☐ expresses the goal of preventing the spread of HIV infection and minimizing the negative impact of HIV/AIDS?
- ☐ offers rationale for educating students and school personnel about HIV/STI?
- ☐ addresses the placement of HIV/STI in the curriculum?
- ☐ encourages the integration of HIV/STI issues into relevant subject areas?
- ☐ addresses the amount of time that should be devoted to education about HIV/AIDS/STI?
- ☐ requires that HIV/STI lessons are taught sequentially from primary school through secondary school, taking into account the students' ages and developmental stages?
- ☐ establishes a supportive school environment that does not discriminate against students or teachers based on their health status, sexual orientation or gender?
- ☐ ensures that teachers are protected from criticism or censure if they address controversial topics like HIV/AIDS and sexuality in a manner consistent with school policy?
- ☐ outlines appropriate hygienic precautions about exposure to blood?

For HIV-positive students and staff, does a policy exist to:

- ☐ protect their privacy and confidentiality?
- ☐ ensure that students' and teachers' rights to education and employment are upheld?
- ☐ guarantee nondiscrimination towards staff, students and family?
- ☐ ban discriminatory comments among students and staff *(28)*
- ☐ include emergency leave for illness or bereavement of school personnel, students and related family members?

6.2.2 Evaluating HIV/STI curriculum

Proposed curricula should be carefully reviewed. Curriculum review committees are perhaps the best way to evaluate curriculum content. By combining experts with teachers, students and community leaders, the committee can achieve a balance of opinions so that curricular content can be developed with consideration for community values. Here is a checklist that schools might use to assess important aspects of curriculum development.

Does the curriculum:

- ☐ integrate HIV/AIDS education across the core curriculum and/or within comprehensive school health education?
- ☐ provide all students, at each grade level, with age- and gender-appropriate learning experiences, and consider cultural and religious beliefs?
- ☐ include information about the prevalence of HIV/STI among young people in the nation/area and the extent to which young people practice behaviours that place them at risk of infection?
- ☐ set objectives that reflect the needs of students, based on local assessments and relevant research?
- ☐ include lessons that provide opportunities to address a range of preventive options, e.g., delaying sexual intercourse, condom use, no use of drugs, use of clean needles?
- ☐ include opportunities to practice skills for avoiding HIV/STI, pregnancy and drug and alcohol use?
- ☐ address the use of effective teaching strategies?
- ☐ provide opportunities for parents and the community to learn about and reinforce education about HIV/STI?
- ☐ help students recognize their attitudes and feelings about HIV and people living with AIDS?

6.2.3 Evaluating HIV/STI staff development programmes

Whether students will improve their HIV/STI-related knowledge, skills and attitudes depends to a large extent on their teacher's ability to communicate effectively and teach about complex and sometimes taboo topics. Training can be provided in in-service workshops or continuing education programmes. (See **Section 5.1.6** – Training school personnel to implement health education and other efforts to prevent HIV/STI and related discrimination)

Survey instruments that can be used to evaluate staff development activities include surveys to assess: educators' needs; general attitudes among educators towards people with HIV or AIDS; confidence in teaching abilities; comfort with sensitive issues; and HIV/AIDS knowledge. These can be administered pre- and post-training. Below is a checklist to assess aspects of HIV-related training.

Does training for school personnel include:

- ☐ training objectives and content that will meet identified needs of teachers?
- ☐ allocation of authority, personnel, time and resources to a staff member who will be responsible for initiating, managing and coordinating the training?
- ☐ follow-up sessions or other means by which to periodically provide updates on HIV and other important health problems?
- ☐ consistency with HIV/STI and substance use education in the curriculum?
- ☐ practices to increase teachers' comfort with discussing sexual behaviour, intravenous drug use and slang terms?
- ☐ ways to deal with cultural and religious traditions that perhaps hinder discussion about sex and sex-related matters in the school?
- ☐ innovative participatory techniques, skill-building exercises?
- ☐ referral skills and ways to access health and social services?
- ☐ methods to assess the impact and effectiveness of the training, with revisions in the training format made as needed?

6.2.4 Evaluating the school environment

The school environment strongly affects the success of classroom interventions (See **Section 5.2** – A healthy school environment). The following checklist may be helpful in evaluating the degree to which the school is creating an environment that supports principles and interventions related to HIV/STI prevention.

Does the physical and psycho-social environment:

- ☐ provide information about HIV/AIDS in the school library?
- ☐ sponsor school assemblies or after-school programmes designed to promote HIV prevention?
- ☐ display posters and relevant materials as part of a public awareness programme?
- ☐ place HIV/STI prevention high on the agenda for meetings of parent/community/school groups?
- ☐ maintain a school/community task force to develop programming to prevent HIV/AIDS/STI and related discrimination?
- ☐ provide resource materials for parents to supplement school programmes?
- ☐ provide opportunities for students and staff to openly discuss their fears?
- ☐ promote values of mutual respect, acceptance and trust?
- ☐ host positive activities like the World AIDS Campaign and AIDS Awareness Day events?

6.2.5 Evaluating school health services

Services for those infected or affected by HIV/AIDS can support individuals in need and contribute to a positive school environment. The following checklist may be helpful in evaluating the extent to which health-related services are available.

Does the school provide or facilitate access to:

- ☐ school counselling programmes and social support to guide students, staff and families through HIV/STI-related problems?
- ☐ counselling or social support in the areas of adolescent development, sexuality, peer pressure, identity formation?
- ☐ Referrals for students and staff to appropriate nonschool-based physical and mental health services, where those services are available?
- ☐ confidential or anonymous HIV-antibody testing with pre-and post-test counselling?

Are health services in the school or agencies to which the school refers:

- ☐ offered by providers who are trained in skills to work with young men and women, married and unmarried, in a supportive, nonjudgemental way?
- ☐ organized to overcome barriers (including lack of confidentiality, transportation, inconvenient appointment times and high costs) that often discourage use of services by adolescents?
- ☐ integrated with other relevant services in the community?

6.3 Evaluating student outcomes

When the school has determined that HIV-related policies, curricula, and/or interventions have been adequately implemented, and resources are available, the School Health Team may be ready to conduct outcome evaluation. This evaluation can determine any changes that have occurred over a specific time period: from before an intervention is implemented (data collected during the needs assessment called baseline data) to after implementation, and demonstrate that the changes occurred as a result of the intervention. Pre- and post-tests can help to compare behaviours, skills, attitudes and knowledge after the intervention. Tests can also be used to compare groups that receive the interventions with those who do not.

Outcomes that are directly tied to the objectives should be measured. It may be most feasible to concentrate on outcomes for which records already exist (e.g., items that have already been collected in the needs assessment should be relatively easy to collect again). The table below, from the ***Handbook for Evaluating HIV Education Programs*** (prepared by the Centers for Disease Control and Prevention/Division of Adolescent and School Health) provides examples of outcome data that can be used to evaluate HIV/STI-prevention interventions.*(29)* The handbook provides specific guidance on evaluation design and measurement tools. Another reference that offers helpful details about outcome evaluation is ***School Health Education to Prevent AIDS and STD: A Resource Package for Curriculum Planners***, prepared by WHO and UNESCO.

Examples of Outcome Data

Evidence Category	*For Students' HIV Education*	*For Teachers' HIV Staff Development*
Behaviour	Reported activities while in high-risk situations	Appropriate use of recommended classroom procedures
Skills	Ability to display refusal skills in simulated high-risk situations relating to HIV infection	Ability to respond appropriately to students' questions about sensitive topics
Attitudes	Perceptions about one's personal susceptibility to HIV infection	Confidence in being able to modify students' high-risk behaviours
Knowledge	Knowledge about the routes by which HIV is/is not transmitted	Knowledge about the instructional principles relevant to modifying students' attitudes

Please send your comments and observations about any aspect of this document to Mr. Jack Jones, Global School Health Initiative, Social Change and Mental Health Cluster, World Health Organization, Avenue Appia 27, 1211 Geneva 27, Switzerland.

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Annex 1

OTTAWA CHARTER FOR HEALTH PROMOTION (1986)

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

HEALTH PROMOTION

Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

PREREQUISITES FOR HEALTH

The fundamental conditions and resources for health are:

- Peace
- Shelter
- Education
- Food
- Income
- A stable eco-system
- Sustainable resources
- Social justice and
- Equity

Improvement in health requires a secure foundation in these basic prerequisites.

ADVOCATE

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through **advocacy** for health.

ENABLE

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

MEDIATE

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to **mediate** between differing interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

HEALTH PROMOTION ACTION MEANS:

○ BUILD HEALTHY PUBLIC POLICY

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

○ CREATE SUPPORTIVE ENVIRONMENTS

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment -particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

○ STRENGTHEN COMMUNITY ACTION

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

○ DEVELOP PERSONAL SKILLS

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

○ REORIENT HEALTH SERVICES

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.

MOVING INTO THE FUTURE

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

COMMITMENT TO HEALTH PROMOTION

The participants in this Conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
- to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;
- to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves;
- to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The Conference urges all concerned to join them in their commitment to a strong public health alliance.

CALL FOR INTERNATIONAL ACTION

The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.

CHARTER ADOPTED AT AN INTERNATIONAL CONFERENCE ON HEALTH PROMOTION

The move towards a new public health

November 17-21, 1986 Ottawa, Ontario, Canada

Annex 2

SCHOOL CURRICULA THAT WORK *(1)*

We have evidence that school health education aimed at preventing HIV infection can prevent or reduce risk behaviour and promote solidarity among young people. In addition, programmes that have been found to produce significant results are targeted to meet the specific needs of those who will receive the education.

Four rigorously evaluated programmes, targeting adolescents and implemented in the United States or the Netherlands, provide such evidence. An examination of these programmes can provide insight into planning and implementing such programmes in other countries. These programmes are described below. Furthermore, an American programme targeting younger children (kindergarten and primary school) proved to increase knowledge and conceptual understanding of AIDS and to decrease concern about transmission.*(2,3)*

Programme Example #1

Title: BE PROUD! BE RESPONSIBLE

This programme clearly identified the target group: Hispanic, African American and Caucasian male youth aged 12-19 who attended inner-city schools. The curriculum was designed specifically to address issues and concerns relevant to the target group. The specific issues and concerns addressed included:

1) Knowledge about the virus, transmission and prevention of HIV/AIDS and other STI.
2) Beliefs about personal risk of HIV infection; use of condoms and spermicides to reduce risk of HIV infection; a partner's willingness to accept safer sexual practices; and condoms as a means of enhancing sexual enjoyment.
3) Negotiation, refusal and condom-use skills to reduce risky behaviours.
4) Self-efficacy and confidence in using the skills taught.

The results for students who participated in this programme included:

- engaging in less risky behaviour
- reporting having sexual intercourse on fewer occasions
- using condoms more consistently when engaging in sexual intercourse
- a decrease in the number of individuals in the target group who were engaging in anal intercourse

Programme Example #2

Title: REDUCING THE RISK

The target group for this programme were first- and second-year secondary school students. The curriculum was age specific in addressing issues and concerns of the target group. The specific issues and concerns addressed included:

1) Perception of vulnerability to HIV infection.
2) Knowledge of HIV, how it is and is not transmitted, the effects of HIV.
3) Discussion of myths and facts about HIV and other STI; testing for the presence of HIV antibodies; use of condoms.
4) Skills to avoid risk situations.
5) Norms related to sexuality and AIDS.

The results for students who participated in this programme included:

- being more likely to delay initiation of intercourse
- reporting use of contraception more often
- being more likely to talk to their parents about abstinence and contraception

Programme Example #3

Title: BECOMING A RESPONSIBLE TEEN

This programme involved a target group of primarily African-American adolescents between 14 and 18 years of age. The curriculum addressed issues and concerns of this group and included:

1) Information about HIV and AIDS.
2) Sexual pressures as they affect adolescents.
3) Condom use skills.
4) Assertiveness and communication skills.
5) Transforming the understanding of a risk into a personal concern about risk.
6) Making decisions about sexuality or drugs.
7) Educating peer and family members about HIV/AIDS

The results for students who participated in this programme included:

- being more likely to delay initiation of intercourse
- being more likely to use condoms
- being less likely to engage in unprotected vaginal or anal intercourse

Title: LONG LIVE LOVE

Programme Example #4

This Dutch curriculum targeted students in years two and three of schools for lower secondary education. It presents education about HIV/AIDS and other STI in the framework of education about sexuality and relationships. The specific issues and concerns addressed included:

1) Expectations and problems with regard to relationships, making contact, falling in love, making love, homosexuality.
2) Knowledge of HIV, how it is and is not transmitted, the difference between HIV and AIDS.
3) Knowledge of other STI and how they are transmitted.
4) Perception of vulnerability to infection with HIV and other STI.
5) Discussion of beliefs, norms and values pertaining to HIV and safer sexual practices.
6) Communication (negotiation, assertiveness) and condom-use skills.

The results for students who participated in this programme included:

- high-risk students engaging in less risky behaviour

- favourable changes in knowledge, beliefs, self-efficacy and intentions*(4)*

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1. Centers for Disease Control, (1992). *Programs That Work.* CDC, Atlanta.

2. Schonfeld, D. & Quackenbush, M. (1996a). *Teaching kids about ... how AIDS works.* A curriculum for grades K-3. Santa Cruz, CA: ETR Associates.

3. Schonfeld, D. & Quackenbush, M. (1996b). *Teaching kids about ... how AIDS works.* A curriculum for grades 4-6. Santa Cruz, CA: ETR Associates.

4. Schaalma, H.P., Kok, G., Bosker, R.J., Parcel, G.S., Peters, L., Poelman, J., & Reinders, J. (1996). Planned development and evaluation of AIDS/STD education for secondary school students in the Netherlands: short-term effects. *Health Education Quarterly,* 23, 469-487.

Annex 3

Integrating HIV/STI prevention in the school setting: a position paper *(1)*

1. Rationale

Young people (10 to 24 years) are estimated to account for up to 60% of all new HIV infections worldwide. Many young people can be reached relatively easily through schools; no other institutional system can compete in terms of number of young people served. Prevention and health promotion programmes should extend to the whole school setting, including students, teachers and other school personnel, parents, the community around the school, as well as school systems. Such activities are a key component of national programmes to improve the health and development of children and adolescents.

2. HIV/STI Prevention and Health Promotion

HIV/STI-related programmes provide an opportunity to strengthen and accelerate existing health promotion activities in schools. Education to prevent HIV/STI should be integrated into education about reproductive health, life skills, alcohol/substance use, and other important health issues; included in other subject areas as appropriate and established by official policies; enhanced by school practices that foster self-esteem, caring, respect, decision-making, self-efficacy, and conditions that allow for the healthy development of students and staff. This is done, inter alia, through materials development, teacher training, supervision, and the participation of parents and communities.

3. Policies

Developing and monitoring a range of policies will be essential for effective programmes. This includes policies on: human rights (right to education, to non-discrimination, to confidentiality, to protection of employment, to protection from exploitation and abuse); access to school by students and school workers living with HIV/AIDS; pre- and in-service teacher training; community/parent participation; content of curricula and extra-curricular activities, and link with health services capable of providing diagnosis and treatment of STI for young people as well as the means of protection against unwanted pregnancy and HIV/STI, including contraceptives and condoms. Policies are developed at different levels, according to the degree of centralization of the school system.

4. Learning How to Cope

For young people to develop healthy and responsible behaviour patterns, and avoid infection, it is not sufficient to lean the biomedical aspects of sexual and reproductive health. Equally important is learning now to cope with the increasingly complex demands of relationships, particularly gender relations and conflict resolution; how to develop safe practices, and how to relate with the increasing number of people living with HIV and AIDS.

5. Age

Prevention and health promotion programmes should begin at the earliest possible age, and certainly before the onset of sexual activity. They should reach students before most of them leave or drop out of school, particularly in countries where girls tend to leave at a younger age. This means that age-appropriate programmes should start at primary school level.

6. Life Skills

A life skills approach is important in such programmes. Skills that enable young people to manage situations of risk for HIV/STI are also essential for the prevention of many other health problems. Such skills include how to respond adequately to demands for sexual intercourse/offers of drugs; how to take responsible decisions about difficult options; how to apply risk reduction techniques; how to refuse unprotected sex when sexually active, and how to seek appropriate support and care, including health services and counselling.

7. Response of School Systems

Although prevention education through school settings is recognized by almost all countries as necessary, significant institutional, political, religious and cultural barriers to its implementation will need to be resolved. In each country, the school system as a whole must respond to HIV/STI and AIDS, in close collaboration with the Ministries of Education, Health, Youth and other government sectors, teachers' associations and other NGOs and the wider community.

8. UNAIDS Action

UNAIDS will **(i)** facilitate the strengthening of national capacity to develop, implement, monitor and evaluate programmes that integrate HIV/STI prevention, health promotion and non-discrimination into school policies, curricula as well as extra curricular activities, and training; and **(ii)** identify effective and innovative policies, strategies and action in this area.

9. Goals By the Year 2000

By the year 2000, UNAIDS will aim to:

- increase significantly the number of countries which have developed detailed policies and implemented programmes for non-discrimination and HIV/STI prevention in the school setting; and

- increase towards full coverage the percentage of young people attending school, who learn how to avoid discrimination and reduce the risk of infection.

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1. UNAIDS (1997). *Integrating HIV/STD prevention in the school setting: a position paper.* Joint United Nations Programme on HIV/AIDS, Geneva.